



# Texas Notifiable Conditions

**24/7 Number for Immediately Reportable– 817-822-6786**

Report confirmed and suspected cases.



Unless noted by \*, report to your local or regional health department using number above or find contact information at <http://www.dshs.state.tx.us/idcu/investigation/conditions/contacts/>

◆ Epidemiology fax (817) 264-4557		▽ HIV/STD fax (817) 264-4778	■ TB fax (817) 264-4895	○ Zoonosis fax (817) 264-4925
A – I		When to Report	L – Y	When to Report
▽ *Acquired immune deficiency syndrome (AIDS) <sup>1, 2</sup>		Within 1 week	◆ *Lead, child & adult blood, any level <sup>3</sup>	Call/Fax Immediately
◆ Amebiasis <sup>4</sup>		Within 1 week	◆ Legionellosis <sup>4</sup>	Within 1 week
◆ Amebic meningitis and encephalitis <sup>4</sup>		Within 1 week	○ Leishmaniasis <sup>4</sup>	Within 1 week
○ Anaplasmosis <sup>4</sup>		Within 1 week	◆ Listeriosis <sup>4, 5</sup>	Within 1 week
○ Anthrax <sup>4, 5</sup>		Call Immediately	○ Lyme disease <sup>4</sup>	Within 1 week
○ Arboviral infections <sup>4, 6</sup>		Within 1 week	○ Malaria <sup>4</sup>	Within 1 week
*Asbestosis <sup>7</sup>		Within 1 week	◆ Measles (rubeola) <sup>4</sup>	Call Immediately
◆ Ascariasis <sup>4</sup>		Within 1 week	◆ Meningococcal infection, invasive ( <i>Neisseria meningitidis</i> ) <sup>4, 5</sup>	Call Immediately
○ Babesiosis <sup>4</sup>		Within 1 week	◆ Multidrug-resistant <i>Acinetobacter</i> (MDR-A) <sup>4, 8</sup>	Within 1 work day
◆ Botulism (adult and infant) <sup>4, 5, 9</sup>		Call Immediately <sup>9</sup>	◆ Mumps <sup>4, 10</sup>	Within 1 work day <sup>10</sup>
○ Brucellosis <sup>4, 5</sup>		Within 1 work day	◆ Paragonimiasis <sup>4</sup>	Within 1 week
◆ Campylobacteriosis <sup>4</sup>		Within 1 week	◆ Pertussis <sup>4</sup>	Within 1 work day
*Cancer <sup>11</sup>		See rules <sup>11</sup>	*Pesticide poisoning, acute occupational <sup>12</sup>	Within 1 week
◆ Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE) <sup>4, 13</sup>		Within 1 work day	○ Plague ( <i>Yersinia pestis</i> ) <sup>4, 5</sup>	Call Immediately
○ Chagas disease <sup>4</sup>		Within 1 week	◆ Poliomyelitis, acute paralytic <sup>4</sup>	Call Immediately
▽ *Chancroid <sup>1</sup>		Within 1 week	◆ Poliovirus infection, non-paralytic <sup>4</sup>	Within 1 work day
◆ Chickenpox (varicella) <sup>14</sup>		Within 1 week	◆ Prion disease such as Creutzfeldt-Jakob disease (CJD) <sup>4, 15</sup>	Within 1 week
▽ *Chlamydia trachomatis infection <sup>1</sup>		Within 1 week	○ Q fever <sup>4</sup>	Within 1 work day
◆ *Contaminated sharps injury <sup>16</sup>		Within 1 month	○ Rabies, human <sup>4</sup>	Call Immediately
*Controlled substance overdose <sup>17</sup>		Call Immediately	◆ Rubella (including congenital) <sup>4</sup>	Within 1 work day
◆ Coronavirus, novel <sup>4, 18</sup>		Call Immediately	◆ Salmonellosis, including typhoid fever <sup>4, 5</sup>	Within 1 week
◆ Cryptosporidiosis <sup>4</sup>		Within 1 week	◆ Shiga toxin-producing <i>Escherichia coli</i> <sup>4, 5</sup>	Within 1 week
◆ Cyclosporiasis <sup>4</sup>		Within 1 week	◆ Shigellosis <sup>4</sup>	Within 1 week
○ Cysticercosis <sup>4</sup>		Within 1 week	*Silicosis <sup>19</sup>	Within 1 week
*Cytogenetic results (fetus and infant only) <sup>20</sup>		See rules <sup>20</sup>	◆ Smallpox <sup>4</sup>	Call Immediately
◆ Diphtheria <sup>4, 5</sup>		Call Immediately	*Spinal cord injury <sup>21</sup>	Within 10 work days
*Drowning/near drowning <sup>21</sup>		Within 10 work days	○ Spotted fever group rickettsioses <sup>4</sup>	Within 1 week
○ Echinococcosis <sup>4</sup>		Within 1 week	◆ <i>Staphylococcus aureus</i> , VISA and VRSA <sup>4, 5</sup>	Call Immediately
○ Ehrlichiosis <sup>4</sup>		Within 1 week	◆ Streptococcal disease (groups A, B; <i>S. pneumoniae</i> ), invasive <sup>4, 5</sup>	Within 1 week
◆ Fascioliasis <sup>4</sup>		Within 1 week	▽ *Syphilis – primary and secondary stages <sup>1, 22</sup>	Within 1 work day
▽ *Gonorrhea <sup>1</sup>		Within 1 week	▽ *Syphilis – all other stages <sup>1, 22</sup>	Within 1 week
◆ <i>Haemophilus influenzae</i> , invasive <sup>4, 5</sup>		Within 1 week	○ <i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection <sup>4</sup>	Within 1 week
○ Hansen's disease (leprosy) <sup>4</sup>		Within 1 week	◆ Tetanus <sup>4</sup>	Within 1 week
○ Hantavirus infection <sup>4</sup>		Within 1 week	*Traumatic brain injury <sup>21</sup>	Within 10 work days
◆ Hemolytic uremic syndrome (HUS) <sup>4</sup>		Within 1 week	○ Trichinosis <sup>4</sup>	Within 1 week
◆ Hepatitis A <sup>4</sup>		Within 1 work day	◆ Trichuriasis <sup>4</sup>	Within 1 week
◆ Hepatitis B, C, and E (acute) <sup>4</sup>		Within 1 week	■ Tuberculosis ( <i>Mycobacterium tuberculosis</i> complex) <sup>5, 23</sup>	Within 1 work day
◆ Hepatitis B infection identified prenatally or at delivery (mother) <sup>4</sup>		Within 1 week	■ Tuberculosis infection <sup>24</sup>	Within 1 week
◆ Hepatitis B, perinatal (HBsAg+ < 24 months old) (child) <sup>4</sup>		Within 1 work day	○ Tularemia <sup>4, 5</sup>	Call Immediately
◆ Hookworm (ancylostomiasis) <sup>4</sup>		Within 1 week	◆ Typhus <sup>4</sup>	Within 1 week
▽ *Human immunodeficiency virus (HIV), acute infection <sup>1, 2, 25</sup>		Within 1 work day	◆ <i>Vibrio</i> infection, including cholera <sup>4, 5</sup>	Within 1 work day
▽ *Human immunodeficiency virus (HIV), non-acute infection <sup>1, 2, 25</sup>		Within 1 week	◆ Viral hemorrhagic fever (including Ebola) <sup>4</sup>	Call Immediately
◆ Influenza-associated pediatric mortality <sup>4</sup>		Within 1 work day	○ Yellow fever <sup>4</sup>	Call Immediately
◆ Influenza, novel <sup>4</sup>		Call Immediately	◆ Yersiniosis <sup>4</sup>	Within 1 week

In addition to specified reportable conditions, any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available

**\*See condition-specific footnote for reporting contact information**

- <sup>1</sup> Please refer to specific rules and regulations for HIV/STD reporting and who to report to at: <http://www.dshs.state.tx.us/hivstd/healthcare/reporting.shtm>.
- <sup>2</sup> Labs conducting confirmatory HIV testing are requested to send remaining specimen to a CDC-designated laboratory. Please call 512-533-3132 for details.
- <sup>3</sup> For lead reporting information see <http://www.dshs.state.tx.us/lead/default.shtm>.
- <sup>4</sup> Reporting forms are available at <http://www.dshs.state.tx.us/idcu/investigation/forms/> and investigation forms at <http://www.dshs.state.tx.us/idcu/investigation/>. Call as indicated for immediately reportable conditions.
- <sup>5</sup> Lab isolate must be sent to DSHS lab. For specifications see section (4) at [Texas Administrative Code \(TAC\) §97.3\(a\) \(4\)](#). Call 512-776-7598 for specimen submission information.  
An amendment to the Texas Administrative Code (TAC) is in progress adding a requirement that lab isolates also be sent to DSHS lab for diphtheria; invasive *Streptococcus pneumoniae* in children under 5 years-of-age; and all Salmonella species. The projected effective date is March, 2017. See updated TAC after March.
- <sup>6</sup> Arboviral infections including, but not limited to, those caused by California serogroup virus, chikungunya virus, dengue virus, Eastern equine encephalitis (EEE) virus, St. Louis encephalitis (SLE) virus, Western equine encephalitis (WEE) virus, West Nile (WN) virus, and Zika virus.
- <sup>7</sup> For asbestos reporting information see <http://www.dshs.state.tx.us/epitox/asbestosis.shtm>.
- <sup>8</sup> See additional MDR-A reporting information at [http://www.dshs.state.tx.us/IDCU/health/antibiotic\\_resistance/MDR-A-Reporting.doc](http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/MDR-A-Reporting.doc).
- <sup>9</sup> Report suspected botulism immediately by phone to 888-963-7111.
- <sup>10</sup> An amendment to the Texas Administrative Code is in progress to change the reporting time frame for mumps. Mumps, currently reportable in 1 week, will be required to be reported within 1 business day. The projected effective date is March, 2017. See updated [Texas Administrative Code \(TAC\) §97.4](#) after March.
- <sup>11</sup> For more information on cancer reporting rules and requirements go to <http://www.dshs.state.tx.us/tcr/reporting.shtm>.
- <sup>12</sup> For pesticide reporting information see <http://www.dshs.state.tx.us/epitox/Pesticide-Exposure/%23reporting#reporting>.
- <sup>13</sup> See additional CRE reporting information at [http://www.dshs.state.tx.us/IDCU/health/antibiotic\\_resistance/Reporting-CRE.doc](http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/Reporting-CRE.doc).
- <sup>14</sup> Call your [local health department](#) for a copy of the Varicella Reporting Form with their fax number. The [Varicella \(Chickenpox\) Reporting Form](#) should be used instead of an Epi-1 or Epi-2 morbidity report.
- <sup>15</sup> For purposes of surveillance, CJD notification also includes Kuru, Gerstmann-Sträussler-Scheinker (GSS) disease, fatal familial insomnia (FFI), sporadic fatal insomnia (sFI), Variably Protease-Sensitive Prionopathy (VPSPr), and any novel prion disease affecting humans.
- <sup>16</sup> Not applicable to private facilities. Initial reporting forms for Contaminated Sharps at [http://www.dshs.state.tx.us/idcu/health/infection\\_control/bloodborne\\_pathogens/reporting/](http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting/).
- <sup>17</sup> To report controlled substance overdose, contact local poison center at 1-800-222-1222. For instructions, see <https://www.dshs.state.tx.us/epidemiology/epipoison.shtm>.
- <sup>18</sup> Novel coronavirus causing severe acute respiratory disease includes Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).
- <sup>19</sup> For silicosis reporting information see <http://www.dshs.state.tx.us/epitox/silicosis.shtm>.
- <sup>20</sup> Report cytogenetic results including routine karyotype and cytogenetic microarray testing (fetus and infant only). Please refer to specific rules and regulations for birth defects reporting and who to report to at [http://www.dshs.state.tx.us/birthdefects/BD\\_LawRules.shtm](http://www.dshs.state.tx.us/birthdefects/BD_LawRules.shtm).
- <sup>21</sup> Please refer to specific rules and regulations for injury reporting and who to report to at <http://www.dshs.state.tx.us/injury/rules.shtm>.
- <sup>22</sup> Laboratories should report syphilis test results within 3 work days of the testing outcome.
- <sup>23</sup> Reportable tuberculosis disease includes the following: suspected tuberculosis disease pending final laboratory results; positive nucleic acid amplification tests; clinically or laboratory-confirmed tuberculosis disease; and all *Mycobacterium tuberculosis* (*M. tb*) complex including *M. tuberculosis*, *M. bovis*, *M. africanum*, *M. canettii*, *M. microti*, *M. caprae*, and *M. pinnipedii*. See rules at <http://www.dshs.state.tx.us/idcu/disease/tb/reporting/>.
- <sup>24</sup> TB infection is determined by a positive result from an FDA-approved Interferon-Gamma Release Assay (IGRA) test such as T-Spot® TB or QuantiFERON® - TB GOLD In-Tube Test or a tuberculin skin test, and a normal chest radiograph with no presenting symptoms of TB disease. See the [Epi Case Criteria Guide](#) which contains complete criteria.
- <sup>25</sup> Any person suspected of having HIV should be reported, including HIV exposed infants.